

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:     Martin Zimmerling, Claude Jolly

Application No.: 10/726,066

Group No.: 3763

Filed: 12/02/2003

Examiner: Koharski, C.

For: Fluid Switch Controlled Trans-cutaneously Via a Magnetic Force

***RESPONSE UNDER  
37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP  
3763***

**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL**

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

**STATUS**

2. Applicant is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE	
TOTAL	31	MINUS	33	= 0	x	\$ 50.00	= \$	0.00
INDEP	2	MINUS	3	= 0	x	\$ 200.00	= \$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+	\$ 0.00	= \$	0.00
TOTAL							\$	0.00
ADDIT. FEE								

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

### FEE DEFICIENCY

5. If an extension and/or fee is required, charge Account No. 19-4972.

If a fee for claims is required, charge Account No. 19-4972.

Date: July 19, 2007

/Kathryn E. Noll, #48,811/  
Kathryn E. Noll  
Registration No. 48,811  
BROMBERG & SUNSTEIN LLP  
125 Summer Street  
Boston, MA 02110-1618  
U.S.  
617-443-9292  
Customer No. 02101

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